L11 0000 40547

(Requestor's Name)
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10:	Registration Sec Division of Corp		y.	÷
SUBJE	PCT.	NUSPACE NETWORI	K, LLC	,ŧ
301371	EC1:	Name of Lim	ited Liability Company	
		mendment and fee(s) are sub		
Please	return all correspon	dence concerning this matter	to the following: MARIO RUMIANO	
		N	Name of Person SUSPACE NETWORK, LLC	
	Firm/Company			
		IIII K	ANE CONCOURSE STE 111	
			Address	
		BA	Y HARBOR ISLAND, FL 33154	
			City/State and Zip Code	
			RAS@NUSPACENETWORK.COM to be used for future annual report notif	
For fur	ther information co	ncerning this matter, please ca	·	iteation)
N	MARIO RUMIAN	0	786 417 3610at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for the	following amount:		
■ \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E NETWORK, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L11000040547	ompany were filed on 11/26/2001	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
NUSPACE CON	STRUCTION, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the ab	breviation "I	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	PFSS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regis			of the
egistered agent and/or the new registered office add	ress here:	ි කි	
		-	•
Name of New Registered Agent:		· E	
New Registered Office Address:		- 1) <u> </u>
Negistered Office Address.	Enter Florida street address	74 d	· ·
	, Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			Change
			□ Adđ
			□ Remove
			Change
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			□ Change
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			Change
			□ Remove
		***************************************	Change
			□ Add
			□ Remove
			Change

	
	
	
	
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Effective date, if ot	ther than the date of filing: (optional)
lfan effective date is lis	ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
document's effective	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to date on the Department of State's records.
	·
ne record specific	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day a	fter the record is filed.
Dated August 2nd	2019)
Dated	
	Maria Alexandra
	Signature of a member or authorized representative of a member
	∫ MARIO RÚMIANO
	Typed or printed name of signee